IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 094142 PIN# 4720 05 5178

OWNER OR CONTRACTOR WILLIAM UTSMAN PHONE: Business _____ Home (704) 528-5783 DATE 2/7/01

ADDRESS 345 S EATWAY DR., TROUTMAN, NC 28166

LOCATION EAST MOMBO RD. (L) ST. JOHN'S TO #124 ON (R)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 12.64 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 1-9-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 5 Trench Width 3' Max Trench Bottom Depth 22" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III. IV. V. VI
System Description: CONVENTIONAL
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☐ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

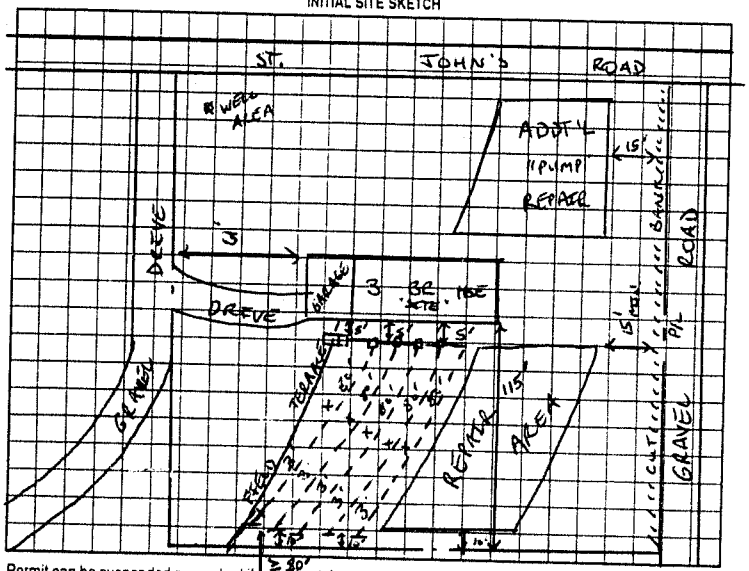
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ~~Individual~~ ☐ Public ☐ Community

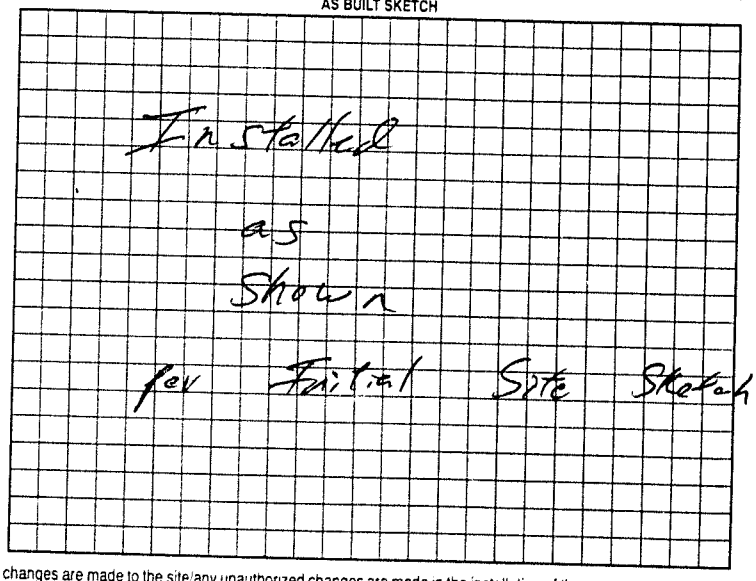
Comments/Conditions: ① NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS ② KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS ③ MAINTAIN NOTED SETBACKS ④ INSTALL DRAINLINES UNIFORM AND ON CONTOUR

Comments/Conditions: - Pollock Filter Installed
- Septic Tank Risers Installed

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: William P. Utsman date _____

Improvement Permit by: Susan Shinn date 2/7/01

Authorization to Construct by: Susan Shinn date 2/7/01

Installed by: David Younts

Operation Permit by: William O. Johnson date 9/05/01

Existing System Inspection by: _____ date _____

HEALTH DEPT COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK